

VA/DOD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF PSYCHOSES - MODULES A AND J

KEY POINTS CARD

INITIAL SCREENING FOR PSYCHOSES

- **Evaluate for serious immediate needs**

Dangerousness, unsafe living situation, untreated medical condition, substance abuse - handle as needed before continuing assessment and treatment

- **Schizophrenia and other Psychotic Disorders**

Use DSM-IV criteria for diagnosis

Treatment principles:

1. Antipsychotic agents are effective in preventing psychotic relapse in stabilized persons
2. Second generation agents are preferred to first generation agents for initial treatment due to the difference in side effect profiles
3. Newer antipsychotic agents may be used together with psychosocial treatments to promote recovery and rehabilitation
4. Persons with a history of poor adherence to medication regimens should be considered candidates for long-acting depot medications

5. Persons with comorbid depression will benefit from adjunctive antidepressant medication
6. A person should not be considered non-responsive or partially responsive to medication until he/she has received a trial of clozapine

Provide Psychosocial Rehabilitation based on identified needs

- **Clinical assessment (q 6-12 months) during long-term therapy (More frequent monitoring is recommended during the first 6 months of treatment):**

1. Weight
2. Lipids
3. Tardive dyskinesia
4. Continued stability
5. Extra-pyramidal side effects
6. Glycemic control

- **Each person has the potential to recover from his or her illness**

VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm>

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DoD access to full guideline: <http://www.qmo.amedd.army.mil/pguide.htm>

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